

State: OKLAHOMA

ation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p>— Aged — Blind — Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.</u></p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

STATE <u>Oklaoma</u>	A
DATE REC'D <u>OCT 04 1993</u>	
DATE APP'D <u>OCT 27 1993</u>	
DATE EFF <u>JUL 01 1993</u>	
HCFA 179 <u>93-15</u>	

TN No. 93-15 Revised 07-01-93
Supersedes 92-12 Approval Date OCT 27 1993 Effective Date JUL 01 1993
TN No. 92-12

State: OKLAHOMA

tation	Condition or Requirement
1902(u) of the Act	<p data-bbox="550 325 885 353">10. Excess Resources</p> <p data-bbox="621 380 1450 489">a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries</p> <p data-bbox="687 517 1359 574">Any excess resources make the individual ineligible.</p> <p data-bbox="621 602 1091 629">b. Categorically Needy Only</p> <p data-bbox="769 657 1430 766">This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p data-bbox="621 800 943 827">c. Medically Needy</p> <p data-bbox="687 855 1364 908">Any excess resources make the individual ineligible.</p>

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Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><u> </u> Aged, blind, disabled. <u> </u> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><u> </u> Aged, blind, disabled. <u> </u> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p>

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STATE	<u>Oklahoma</u>	A
DATE RECD	<u>JAN 29 1992</u>	
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Citation	Condition or Requirement
1920(b)(1) of the Act	<u>X</u> (3) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan and ends on the earlier of the day the State agency makes a determination of eligibility for Medicaid or 45 days after the qualified provider makes the income eligibility determination. The woman must file an application for Medicaid with the State agency within 14 calendar days after the date on which the qualified provider makes the presumptive eligibility determination. Otherwise coverage ends on that 14th day.
1902(e)(8) and 1905(a) of the Act	<u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- <u>X</u> 12 months <u> </u> 6 months <u> </u> ___ months (no less than 6 months and no more than 12 months)

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HCFA 177 <u>2-22</u>	

Citation

Condition or Requirement

1902(a)(18)
and 1902(f) of
the Act

12. Pre-OBRA 93 Transfer of Resources -
Categorically and Medically Needy, Qualified Medicare
Beneficiaries, and Qualified Disabled and Working
Individuals

The agency complies with the provisions of section
1917 of the Act with respect to the transfer of
resources.

Disposal of resources at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9 to Attachment 2.6-A.

1917(c)

13. Transfer of Assets - All eligibility groups

The agency complies with the provisions of section
1917(c) of the Act, as enacted by OBRA 93, with regard
to the transfer of assets.

Disposal of assets at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9(a) to ATTACHMENT 2.6-A, except in
instances where the agency determines that the
transfer rules would work an undue hardship.

1917(d)

14. Treatment of Trusts - All eligibility groups

The agency complies with the provisions of section
1917(d) of the Act, as amended by OBRA 93, with regard
to trusts.

— The agency uses more restrictive methodologies
under section 1902(f) of the Act, and applies
those methodologies in dealing with trusts;

X The agency meets the requirements in section
1917(d)(f)(B) of the Act for use of Miller
trusts.

The agency does not count the funds in a trust in any
instance where the agency determines that the transfer
would work an undue hardship, as described in
Supplement 10 to ATTACHMENT 2.6-A.

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